

F19000002529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

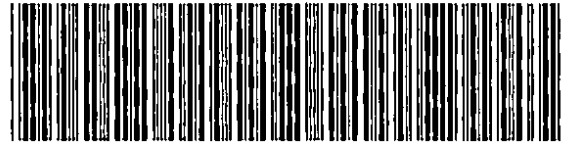
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2019 MAY 17 A 7:07

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D SCOTT
MAY 31 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arnold Dental Supply Company, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jan Katerkamp

Arnold Dental Supply Company, Inc.

Name of Person

1201 K Street, 14th Floor

Firm/Company

Sacramento, CA 95814

Address

jan.katerkamp@cda.org

City/State and Zip code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan Katerkamp

800 232-7645
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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2007 JUN 17 A 7:07

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Arnold Dental Supply Company, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 91-0746004
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/02/1962 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16531 13th Ave. W., Suite A102, Lynnwood, WA 98037
(Principal office address)

1201 K Street, 14th Floor, Sacramento, CA 95814
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

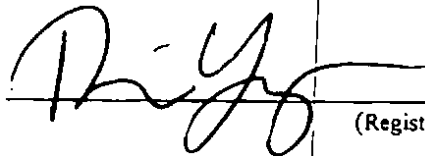
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Desiree Young on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached.

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached.

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Alison Sandman, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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FBI - NEW YORK

Arnold Dental Supply Company, Inc. – Officers and Directors

Name	Address	Capacity
Walter Weber, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director/Chair
Karen Burgess	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Peter DuBois	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Gary Glasband, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Eric Johnson	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Steven Kend, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director/Secretary/Treasurer
Natasha Lee, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Bijan Mojtahedi, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Linda Niessen, DMD, MPH	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Zack Studstill, DMD	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
William Ten Pas, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
Ariane Terlet, DDS	1201 K Street, 14 th Floor, Sacramento, CA 95814	Director
James Wiggett	1201 K Street, 14 th Floor, Sacramento, CA 95814	President & CEO/Director
Kevin Roach	1201 K Street, 14 th Floor, Sacramento, CA 95814	Chief Financial Officer
Alison Sandman	1201 K Street, 14 th Floor, Sacramento, CA 95814	Assistant Secretary
Todd Lewis	1201 K Street, 14 th Floor, Sacramento, CA 95814	Assistant Treasurer

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UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ARNOLD DENTAL SUPPLY COMPANY, INC.

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2019 MAY 17 A 7:07

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/02/1962.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/08/2019
UBI Number: 578 058 577



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued: 04 08 2019